In accordance with Sonoma Valley Unified School District’s Board Policy 1312.1, the District follows the uniform complaint procedures when addressing complaints alleging failure to comply with applicable state and federal laws and regulations including, but not limited to, allegations about discrimination, harassment, intimidation, bullying, and noncompliance with laws relating to pupil fees. A copy of the District’s uniform complaint procedures is available online at www.sonomaschools.org

I. Contact Information:
Name: 
Address: 
City: Zip: 
Home Phone: Work or Cell Phone: 

II. Complainant
You are filing this complaint on behalf of: 
☐ Parent/Guardian ☐ Pupil ☐ Witness to the Incident ☐ Other

III. School Information
School Name: 
Principal’s Name: 
Teacher’s Name: 

IV. Basis of Complaint:
Please check the following box(s), based on the type(s) of discrimination, harassment, intimidation and bullying you experienced:

☐ Age ☐ Race or Ethnicity
☐ Ancestry ☐ Sexual Harassment (Title IX)
☐ Color ☐ Sex
☐ Disability - Physical ☐ Genetic Information
☐ Disability - Mental ☐ Immigration Status
☐ Ethnic Group Identification ☐ Marital Status
☐ Gender Expression ☐ Nationality
☐ Gender Identity ☐ National Origin
☐ Gender ☐ Pregnancy
☐ Genetic Information ☐ Parental Status
☐ Immigration Status ☐ Race or Ethnicity
☐ Marital Status ☐ Religion
☐ Nationality ☐ Sex
☐ National Origin ☐ Sexual Orientation
☐ Pregnancy ☐ Sexual Harassment (Title IX)
☐ Parental Status ☐ Association with any of these actual or perceived characteristics
Violation of federal or state law or regulations governing the following:

- Adult Education Programs
- After School Education and Safety
- Agricultural Career Tech Education
- American Indian Education Centers
- Early Childhood Education Program Assessments
- Bilingual Education
- California Peer Assistance and Review Programs for Teachers
- Career Technical Education/Training (State)
- Career Technical Education (Federal)
- Child Care and Development Programs
- Child Nutrition Programs
- Compensatory Education
- Consolidated Categorical Aid
- Course Periods Without Educational Content
- Economic Impact Aid
- Education of Pupils in Foster Care
- Education of Pupils who are Homeless
- Education of former Juvenile Court Pupils now enrolled in a school district
- Education of Pupils of Military Families
- Every Student Succeeds Act/No Child Left Behind (Titles I-VII)
- Local Control and Accountability Plan
- Migrant Education
- Physical Education Instructional Minutes
- Pupil Fees
- Reasonable Accommodations to a Lactating Pupil
- Regional Occupational Centers and Programs
- School Safety Plans
- Special Education Programs
- State Preschool
- Tobacco Use Prevention Education

V. Details of Complaint
Please answer the following questions to the best of your ability. Attach additional sheets of paper if you need more space.

Please describe the type of incident(s) you experienced that led to this complaint, in as much detail as possible, including all dates and times when the incident(s) occurred or when the alleged acts first came to your attention and location(s) where the incident(s) occurred:

____________________________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________

List the individuals involved in the incident(s):
________________________________________________________
________________________________________________________
________________________________________________________
List any witnesses to the incident(s):

What steps, if any, have you taken to resolve this issue before filing a complaint?

Signature of person filing complaint ___________________________ Date ___________________________

Office Use Only:
Received by: ___________________________ Date Filed: ___________________________ Name/Title: ___________________________